

Community Health Improvement Plan



South Central
Public Health District
Prevent. Promote. Protect.

2014



South Central Public Health District CHIP Team

Rene LeBlanc, MS, RS	District Health Director
Cheryle Becker, RN	Family and Children’s Health Division Administrator
Jeff Pierson	Information Management Division Administrator
Melody Bowyer, MBA, REHS/RS	CHIP Team Leader Environmental Health Director
Karyn Goodale, MPH	Community Health Director
Amy Lierman	Public Information Officer
Adria Masoner, BS, CHES	Health Education Specialist, Sr.
Rachael Lowe	Graphic Design Specialist

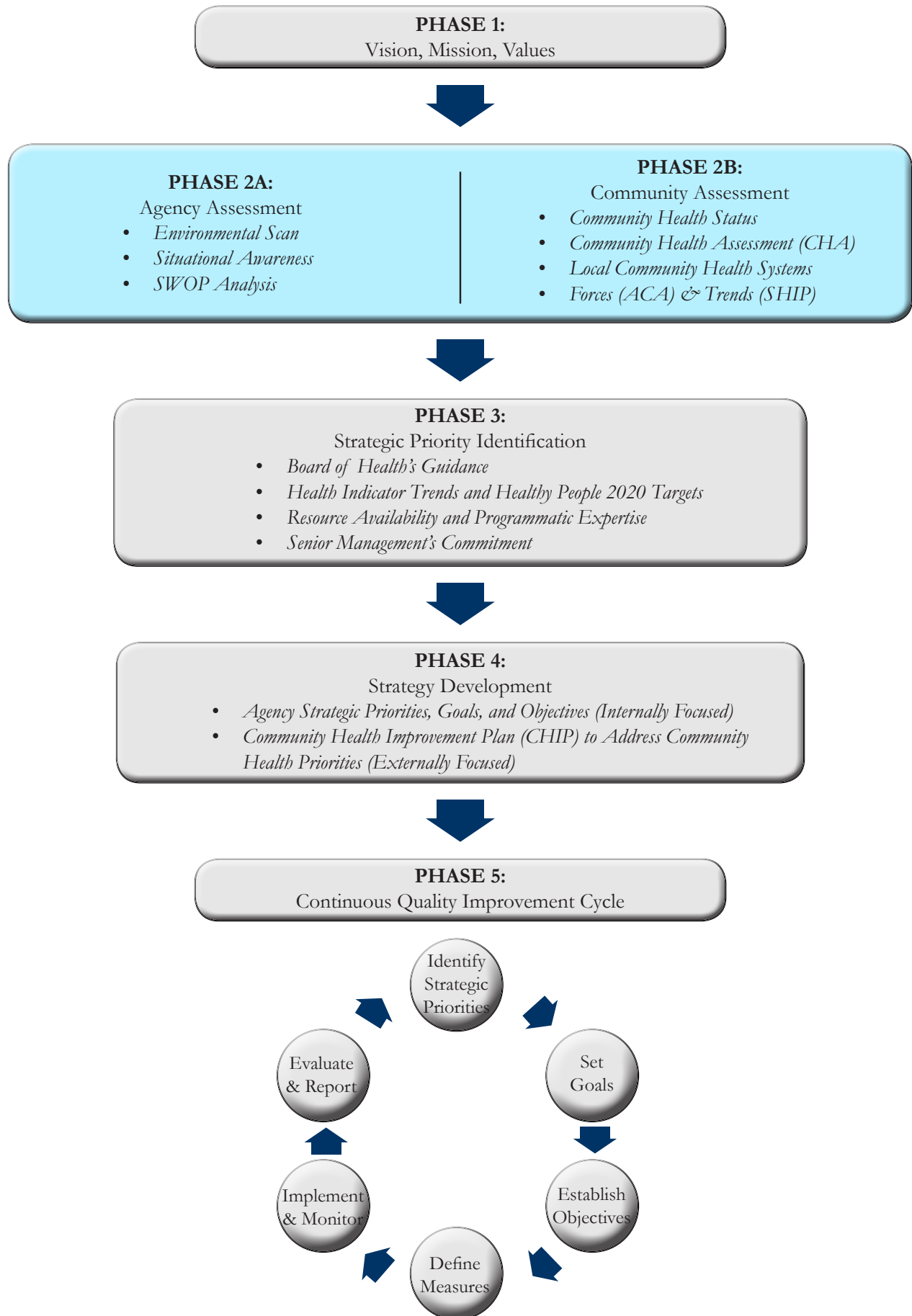


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Community Health Improvement Road Map



Community Health Improvement Process

BACKGROUND INFORMATION

The community health improvement plan (CHIP) is designed to align resources from South Central Public Health District (SCPHD) and the community to improve the health and well-being of south central Idahoans. The community health improvement process began in 2013 when the SCPHD senior leadership team worked together, under the guidance of the Board of Directors of the agency, to create a strategic plan to realize the vision of Healthy and Prepared People in Our Communities.

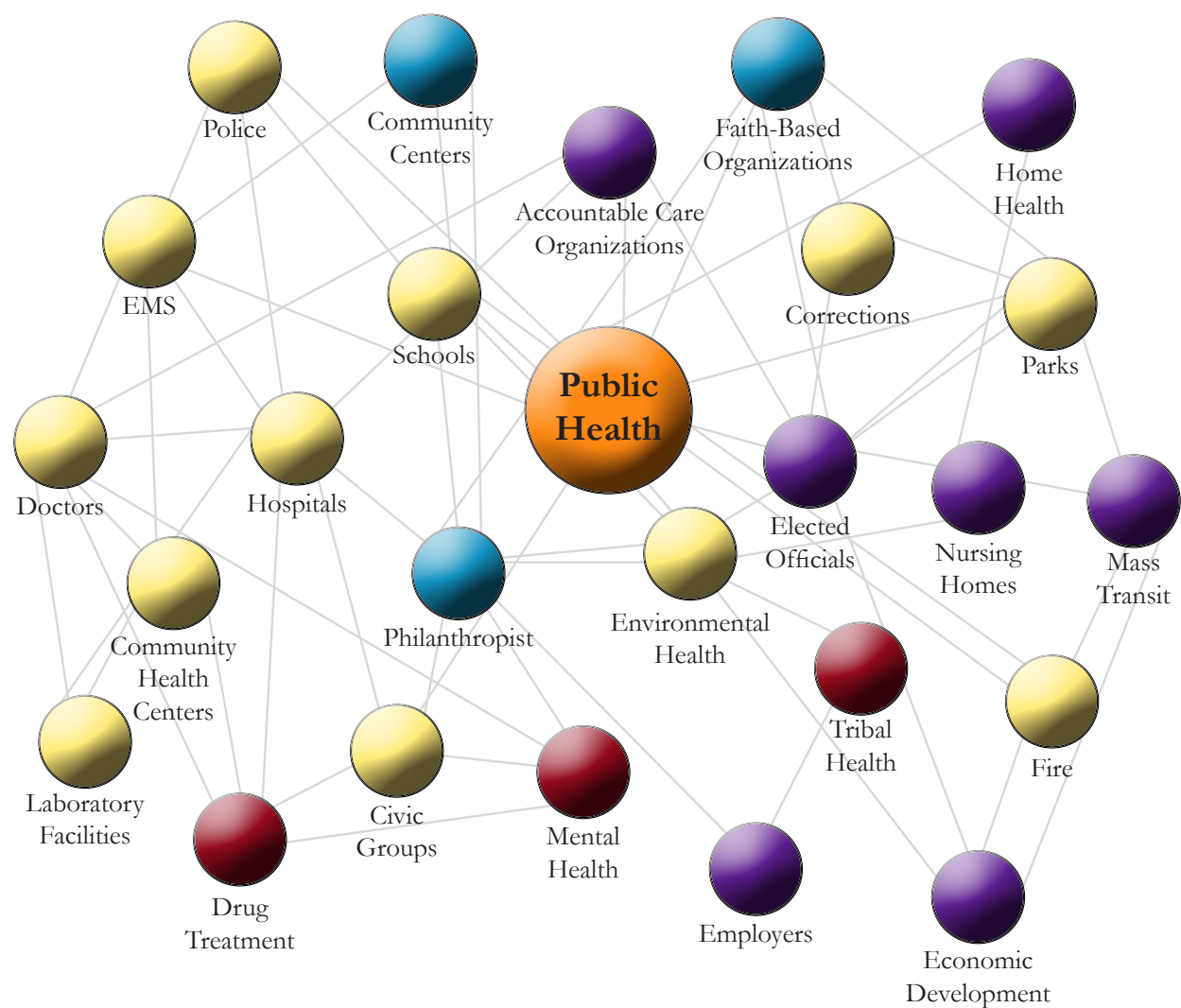
The SCPHD strategic plan sets the goals for the agency to fulfill its mission to prevent disease, promote healthy lifestyles, and protect and prepare the public against health threats. To ensure these strategic goals are aligned with the community health priorities, SCPHD leadership developed, with input from the community, a community health improvement plan (CHIP). The CHIP was developed from the results of the Community Health Assessment (CHA) survey conducted by the agency in 2014.

To ensure that the CHIP addresses health issues of all eight counties in SCPHD, in addition to the CHA, the results of community health needs assessments (CHNA) conducted by local health care systems such as St. Luke's Magic Valley, St. Luke's Wood River, and Intermountain Cassia Regional Medical Center were also factored into the development of the CHIP. Since there was an overlap of service populations of the agency and the health systems, the results of CHNAs by the health systems were thought to be useful to confirm or complement the agency CHA. The combined data were used to determine health priorities in our communities.

In addition, secondary data from sources such as Idaho Vital Statistics, Idaho Behavior Risk Factor Surveillance System (BRFSS), and Idaho Public Health Indicators were also reviewed and analyzed in depth to gain insight of the health issues and interpret emerging trends. Furthermore, County Health Rankings data was used to consider multiple determinants of health, especially social and economic determinants. The data was used to help identify community health priorities and address sub-group disparities.



Community Health Improvement Process



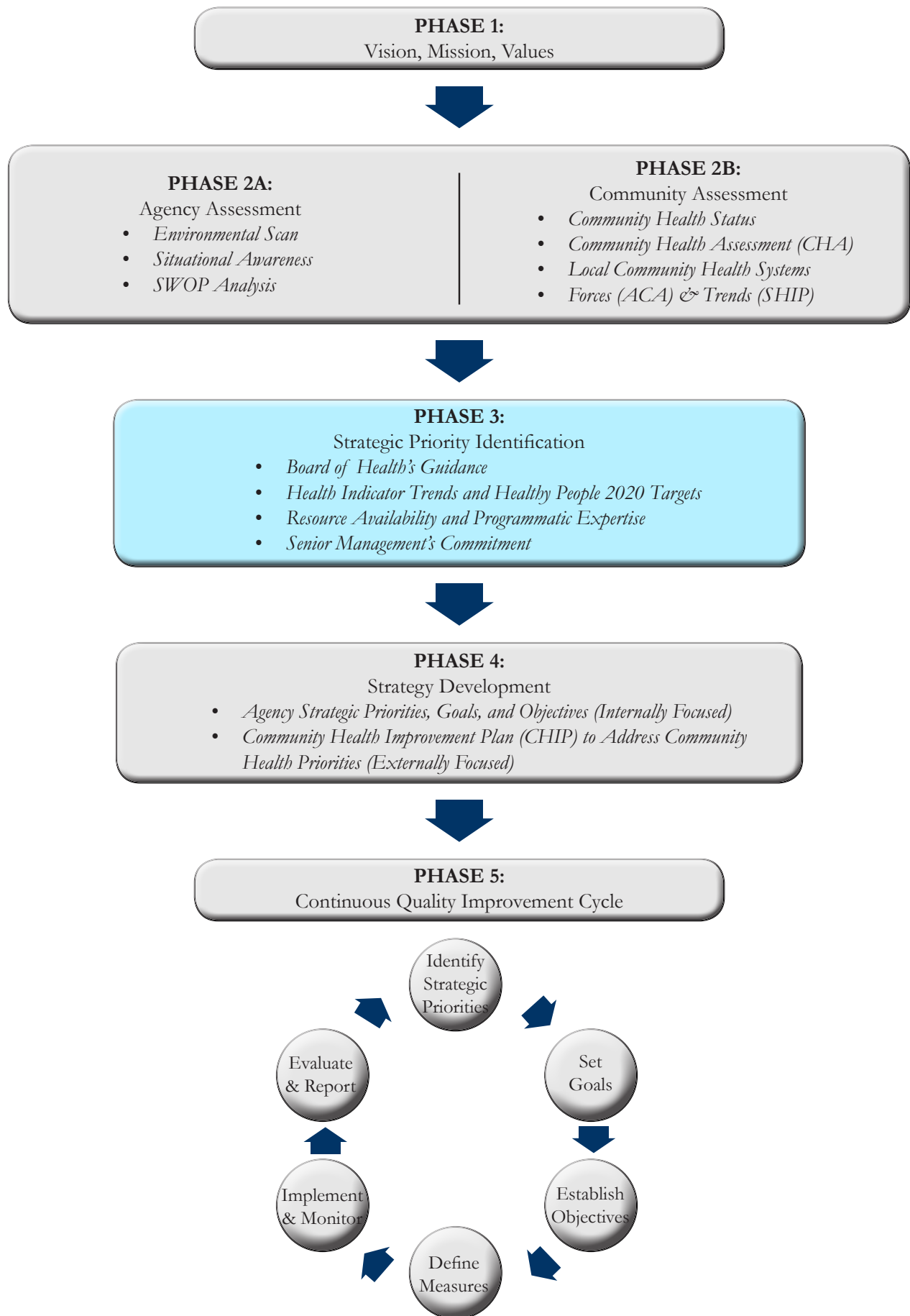
LOCAL PUBLIC HEALTH SYSTEM PARTNERS AND COMMUNITY MEMBERS

Our definition of a partner is any organizations (public, private, or voluntary entities) and individuals that engage in activities that contribute to the health or well-being of a community. This may include organizations and entities such as the local health district, hospitals, elected officials, employers, other governmental agencies, human service organizations, schools, faith institutions, youth organizations, and philanthropic organizations.

Our coalition of partners may include partners who collaborate with us on issue-specific projects or partners who stay with us for the long haul to improve the health and well-being of south central Idaho.

SCPHD will track and manage partners contact information through our new Partnership Relationship Management (PRM) tool. The PRM tool will allow us to quickly identify which staff are working with which partners, find cross-over activities, and provide continuity in relationships when people and positions change.

Community Health Improvement Road Map



Priority Issues

PRIORITY ISSUES

The development of the CHIP was a thorough and deliberate process which involved issue prioritization and strategy formulation. First, an in-depth analysis of both primary (CHA and CHNAs) and secondary data (Idaho and national reference data) was conducted to gain insight into health issues and examine emerging trends. Second, state (Idaho Leading Health Indicators) and national (Health People 2020 and CDC Winnable Battles) priorities were used as state-of-the-art guidance for improving community health. Lastly, in-house expertise and resources as well as community assets were considered to develop strategies for determined or selected priorities.

ISSUES IDENTIFIED

The initial list of important issues identified in the CHA conducted by SCPHD included 15 issues in various realms of health. These issues are listed below in the order of importance based on the survey:

1. Overweight/Obesity
2. Substance Abuse
3. Child Abuse/Neglect
4. Cancers
5. Mental Health Problems
6. Diabetes
7. Teenage Pregnancy
8. Heart disease and stroke
9. Suicide
10. High blood pressure
11. Dental problems
12. Sexually transmitted diseases
13. Unintentional injuries
14. Infectious diseases
15. Respiratory/lung disease

TOP FOUR PRIORITY ISSUES

Based on the results of the CHA and CHNAs, four health issues were identified as top priorities for action. They are as follows:

1. Overweight/Obesity
2. Cancer
3. Teen pregnancy
4. Suicide

These four issues have been the common themes amongst all community health assessments. When compared to benchmarks such as Healthy People 2020 and Idaho Performance Measure Goals, there is a clear gap between each of the health indicators listed above and its respective benchmark. By choosing to address these four health issues, the community health partners not only commit to improving the health outcome of our communities but also align our community health priorities with state and national priorities.

Some of the important issues that were considered but not selected for action at this time were: substance abuse, child abuse and neglect, and mental health. After taking into account our in-house resources and community assets, priorities were given to health issues that the CHIP can directly impact. Setting realistic and actionable goals and being able to demonstrate progress and achievements are the key to sustain these community health improvement efforts. Since the CHIP is a living document, it can be revised periodically to include other priorities as progress is made and new issues are identified.

The top four priority issues were first presented to the St. Luke's Magic Valley Employer Advisory Council in August 2014. Representatives from St. Luke's Health System commented on the similarities in findings from the various assessments and concurred with the four priority issues. They found the trending and benchmarking of the health indicators done by SCPHD leadership to be very helpful in understanding these health issues.

These same top four priority issues were presented to the SCPHD Board of Health during the board meeting in September 2014. After an open discussion, the Board of Health members decided on the following priority issues:

1. Overweight/Obesity
2. Cancer
3. Teen pregnancy
4. Suicide

Based on the priorities set by the Board of Health and input from community partners, the leadership team and senior staff at SCPHD set realistic and actionable goals for each priority issue. They brainstormed to develop strategies to achieve each goal. Using Healthy People 2020 and Idaho Performance Measure Goals as benchmarks, the group developed performance measures for tracking progress. Specific action plans for the strategic priorities can be found in the following section.



Healthy People 2020

On a national level, Healthy People 2020 (HP2020) sets a standard for all communities. It is a ruler against which health standards and indicators are often measured. National recognition of the consistent standards allows progress on health improvement efforts to be shown on a comparable scale.

HP2020 served as a guide for developing the objectives and indicators that this CHIP used to unite all community partners. Indicators selected reflect the majority of work being done by community partners. Community partners are working toward the same goals, but each program may have a different way of evaluating program activities. HP2020 provides broad indicators that will have the greatest impact on health outcomes.

CHIP utilized the HP2020 strategy of setting a goal to achieve a 10% improvement rate in each indicator by the year 2020. The next CHIP will be released in 2019. A short-term goal of a 5% improvement rate has been established for this time period. Wherever possible, CHA data was used to provide the most relevant baseline data for the objectives selected. If CHA data was not available for a selected indicator, relevant data available was utilized as a baseline.



Evaluation Plan and Next Steps

EVALUATION PLAN

The health status of our communities will be monitored and measured through on-going review of health indicators and community assessments. The implementation of the CHIP will be evaluated based on the strategic objectives and performance measurements specified in the Plan. As a living document, the CHIP will include updates regarding implementation and accomplishments during periodic revisions. The priority issues and strategic goals will be re-visited every five years at a minimum.

NEXT STEPS

The endeavor to improve the health status of our communities is a marathon not a sprint. It will take time, effort, commitment, and collaboration from all community health partners to make measurable progress. While the challenge of improving community health is great, together we can leverage our resources and work synergistically to make our communities healthier.



PRIORITY AREA 1: Overweight/Obesity

THE PROBLEM

Throughout the United States there is an epidemic of obesity, and Idaho is not immune. Obesity, defined as having a Body Mass Index (BMI) equal or greater than 30, has been correlated with heart disease, diabetes, stroke, hypertension, and arthritis.

Obesity is one of the greatest health threats currently facing the nation and is attributed to 200,000 premature deaths per year. According to the Centers for Disease Control and Prevention (CDC) in 2008, the direct medical costs for treating obesity and obesity-related disease was \$147 billion. Obesity now rivals tobacco use as the leading cause of preventable disease.

The adult obesity rate in SCPHD has increased steadily over the past several years. If this trend continues, the obesity rate will exceed the Healthy People 2020 target of 30.5%. This will result in a huge economic cost for treating obesity related diseases.

No one specific factor can reduce obesity rates. The CDC recommend strategies to prevent obesity are those that: promote the availability of affordable healthy food and beverages; support healthy food and beverage choices; encourage initiation and duration of breastfeeding; create safe communities that support physical activity; and encourage communities to organize for change.

Obesity is a complex problem with a variety of underlying risk factors—social, economic, environmental, and personal influences. The trend can be reversed through policy and environmental approaches that make healthy choices available and affordable for all.

FACTS

According to the 2011-2012 Idaho 3rd Grade Body Mass Index (BMI) Assessment and the 2011 Idaho Youth Risk Behavior Survey there are an estimated 6,200 (29%) overweight or obese 3rd grade students and 17,700 overweight or obese high school students (grades 9-12). In south central Idaho, 364 third grade students participated in the Assessment and 31.5% were either overweight or obese.

Over the past 30 years, childhood obesity rates in the United States have doubled, with more and more children being diagnosed with type 2 diabetes and high blood pressure. Studies site that children who live in rural areas are 25% more likely than those in metropolitan areas to be overweight or obese.

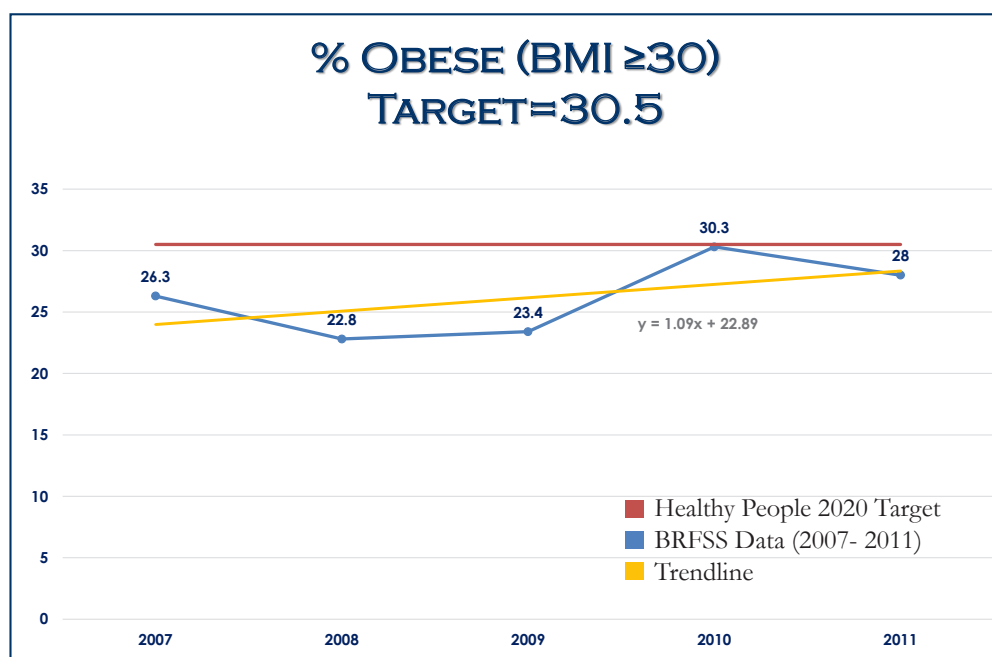
In south central Idaho, 28% of adults are obese (BMI of 30.0 or greater). This is similar to Idaho's trend of 27% and slightly below the national rate of 35.7%. However among south central Idaho adults, 66.1% are overweight (BMI of 25.5 or greater) significantly higher than their peers statewide at 62.3%.

Nearly 82% of adults in south central Idaho do not consume the recommended servings of at least five of fruits and vegetables per day, and 24% do not participate in leisure time physical activity.

(BRFSS, 2011)



PRIORITY AREA 1: Overweight/Obesity



GOALS

Reduce the percent of residents who are overweight or obese.

- Establish worksite wellness programs, policies, and environmental changes that aim to prevent and/or reduce obesity.
- Establish childcare wellness programs, policies, and environmental changes that aim to prevent and/or reduce obesity.
- Collaborate with community partners to promote diabetes awareness and education.

STRATEGIES

Measure the number of worksites who participate in worksite wellness activities and adopt policies and other best practices to address healthy eating and active living.

Measure the number of childcare centers who participate in “Let’s Move - Childcare” activities and adopt policies and other best practices to address healthy eating and active living.

Work with city officials to develop/enhance their “Let’s Move - City” designation.

MEASURES

By 2019, reduce the rate of obesity in south central Idaho: among adults from 28% to 26.6% and among children (random sample of third grade students) from 14.5% to 13.8%.

KEY PARTNERS

Local business and worksites
Child care providers
The 22 School District of
Southern Idaho
College of Southern Idaho

City and County Elected Officials
Boys and Girls Club of Magic Valley
YMCA of Twin Falls
Wood River YMCA
Cassia Regional Medical Center
North Canyon Medical Center

St. Luke’s Jerome
St. Luke’s Magic Valley
St. Luke’s Wood River Medical Center
Minidoka Memorial Hospital
Parks and Recreation Districts
Activate Magic Valley

PRIORITY AREA 2: Cancer

THE PROBLEM

It is generally accepted that 65-80% of all cancers are related to personal lifestyle or environmental factors, such as smoking and diet, and are therefore preventable. Other factors such as age, gender, and family history of specific cancers are also associated with cancer and aid in the identification of people at high risk.

For some cancers, effective treatment is available. For these cancers, early detection can save lives. For example, there is convincing evidence that screening for colorectal cancer reduces mortality in adults age 50 to 75 years. Through improved prevention, early detection, and treatment, opportunities exist to lessen the burden of cancer in Idaho.

Cancer is the leading cause of death in Idaho, surpassing heart disease. In 2011, 2,559 people died of cancer. There were 892 cases of cancer over all reported sites of the body in south central Idaho. This translates to a rate of 417/1000 people. This is just slightly lower than the State rate of 448/1000 people. (*Cancer Data Registry of Idaho, 2011*)

In south central Idaho we exhibit the third highest rate of female breast cancer in the state (115/1000 people). For the past several years, the female breast cancer death rate continues to climb. As a result, the gap between the death rate and its bench mark, the Healthy People 2020 target, continues to grow. Access to screening continues to be a challenge for many residents in the district.

ACTUAL NUMBER OF NEW CANCER CASES

Cancer Data Registry of Idaho 2011

County	All Sites	Female Breast	Colorectal	Melanoma
Blaine	92	9	4	23
Camas	8	0	0	0
Cassia	84	16	4	6
Gooding	85	14	8	6
Jerome	82	11	15	6
Lincoln	25	3	1	1
Minidoka	107	15	10	5
Twin Falls	409	55	41	39

FACTS

Aging:

Cancer risk increases with age. As the population is aging, the number of new cancer cases and cancer deaths that occur each year will continue to increase unless the trend is reversed by significant improvements in prevention, early detection, and treatment.

Smoking:

Smoking and the use of smokeless tobacco are responsible for the majority of all cancers of the lung, trachea, bronchus, larynx, pharynx, oral cavity, and esophagus. Smoking is the leading cause of preventable death in the United States.

Diet:

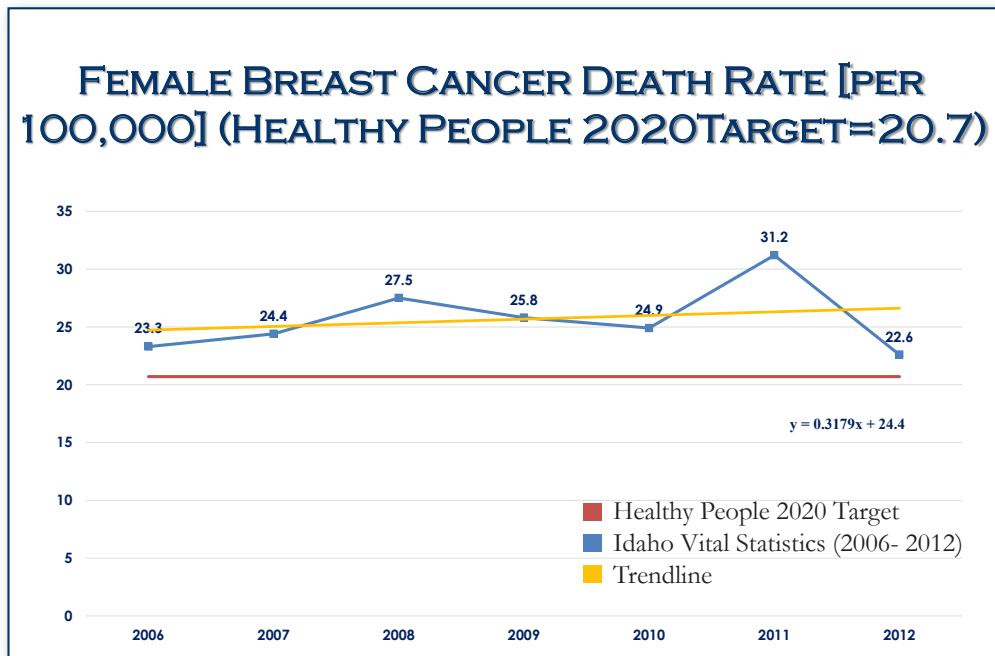
The U.S. Department of Agriculture recommends the following dietary guidelines for managing a healthy diet: eat a variety of foods; maintain a healthy weight; choose a diet low in total fat with plenty of fruits, vegetables, and whole grain products; limit the use of sugar, salt, and sodium; and minimize alcoholic beverage consumption.

Screening:

Early detection is extremely important for those cancers that can be cured when discovered early.



PRIORITY AREA 2: Cancer



GOALS

- Increase the number of women, aged 40 and older, who receive annual breast screening mammography.
- Promote reproductive health care/cervical cancer screenings and prevention resources to target population in south central Idaho.
- Promote Women's Health Check and other screening services and resources to women.
- Promote CRC awareness, education, and screening to patients and clients.

STRATEGIES

Continue participation in the Idaho Comprehensive Cancer Prevention Program.

Collaborate with community partners to identify baseline mammography data, research current trends and implement strategies to increase mammography in south central Idaho.

Collaborate with community partners to create community/clinical linkages to promote screening.

MEASURES

By 2019, reduce the breast cancer death rate from 22.6 per 1,000 to 21.5 per 1,000.

Increase the number of number of women over age 40 who receive mammograms.

Increase the number of women referred to Women's Health Check.

Increase the number of colorectal cancer screening kits distributed to the community.

KEY PARTNERS

St Lukes MVRMC, Jerome, North Canyon, and Wood River; Cassia Regional MC; Minidoka Memorial Hospital
Mountain State Tumor Institute

Primary Care Physicians
Senior Care Centers
Tough Enough to Wear Pink
Cancer Coalition
Community Health Centers

PRIORITY AREA 3: Teen Pregnancy

THE PROBLEM

According to the Centers for Disease Control and Prevention (CDC), “Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children.”

In 2011, teen pregnancy and childbirth accounted for at least \$9.4 billion in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers.

Between 1990 and 2010 there have been 44,957 teen births in Idaho, costing tax payers a total of \$1.2 billion over that period. The good news is that the teen birth rate in Idaho declined 39% between 1991 and 2010. The progress Idaho has made in reducing teen childbearing saved taxpayers an estimated \$43 million in 2010 alone compared to the costs they would have incurred had the rates not fallen.

SCPHD continues to have significantly higher teen pregnancy rate than the State. Although the teen pregnancy rate has been trending downward recently, it is still significantly higher than the Idaho Performance Measure Goal of 39.3/1000. More resources and efforts are needed to further the progress by empowering teens and their parents with the knowledge and skills.

FACTS

Medical complications often occur in pregnant teenagers, according to the American Academy of Child and Adolescent Psychiatry. Too often, teens do not seek adequate medical care during the pregnancy. Complications that may occur during a teen pregnancy include anemia, toxemia, high blood pressure, placenta previa and premature birth of the baby. Ongoing medical care is crucial to prevent these complications from threatening the pregnancy and the mother’s well being.

The Idaho Teen Pregnancy Prevention provides funding for an abstinence-based course to be taught in two alternative schools and at the Idaho Youth Ranch residential facility.

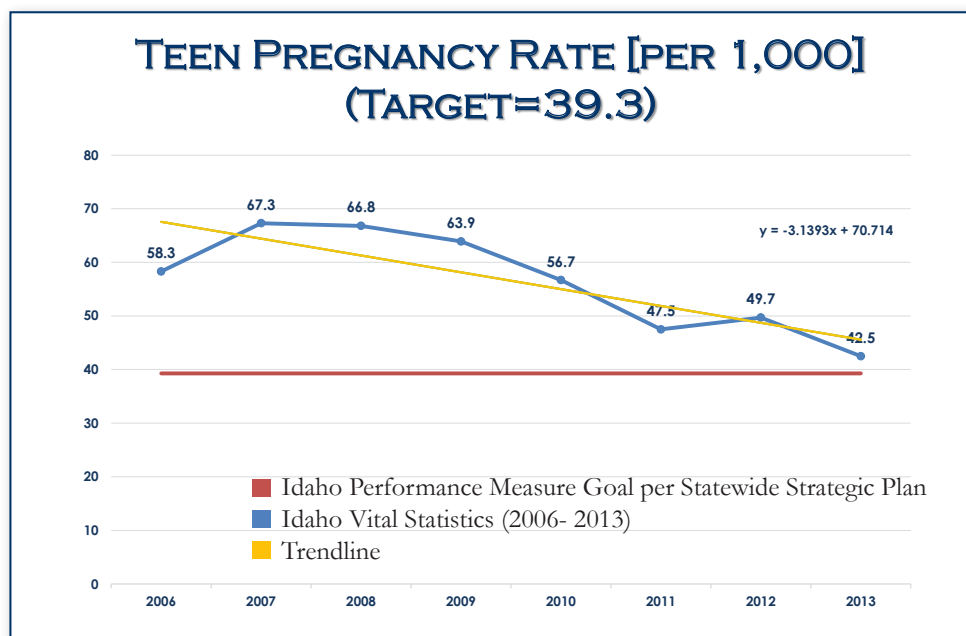
Students in the participating schools also have the opportunity to take part in other “Positive Youth Development” activities including leadership training and service learning.

TEEN PREGNANCY RATES 15-19 YEAR OLDS/1,000 FEMALES IN THE SAME AGE GROUP

Idaho Vital Statistics 2013

County	15-17		18-19		Total	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	Rate per 1,000
Blaine	2	5.1	4	17.3	6	9.6
Camas	-	-	1	100.0	1	34.5
Cassia	8	14.0	37	120.5	45	51.2
Gooding	10	28.4	12	66.3	22	41.3
Jerome	7	14.8	36	131.9	43	57.6
Lincoln	1	8.7	5	68.5	6	31.9
Minidoka	13	28.0	32	122.6	45	62.1
Twin Falls	25	15.1	76	79.7	101	38.7
						mean = 42.5/1,000

PRIORITY AREA 3: Teen Pregnancy



GOALS

- Promote and/or increase access to comprehensive sex education curricula and other resources to adolescents and their parents/guardians in south central Idaho.
- Promote access to positive youth development information/resources to community partners, schools and staff.
- Provide teen pregnancy prevention education and resources to students in grades 7-12 in school settings throughout south central Idaho.
- Identify funding sources to increase the number of schools/students receiving teen pregnancy prevention education and resources.
- Reduce unintended pregnancies through implementation of an evidence-based home visit program with high risk clients.

STRATEGIES

Continue participation in the Idaho Adolescent Pregnancy Prevention Program.

Collaborate with community partners to provide education and skill building to the parents of young teens.

Identify and seek funding to provide teen pregnancy prevention education to additional schools in high rate counties.

Identify an evidence based home visitation program focused on high risk pregnant clients and secure funding sources for the program to increase sustainability.

MEASURES

By 2019, decrease the teen pregnancy rate in SCPHD from 42.5/1000 to 40.4/1000.

Increase the number of schools in SCPHD participating in the Idaho Adolescent Pregnancy Prevention Program.

KEY PARTNERS

School Districts including alternative schools
Idaho Youth Ranch
Faith-based Organizations
Community/Civic Organizations

County Commissioners
Parent Organizations
Title X Providers
Community Health Centers
Home Schooling Groups

PRIORITY AREA 4: Suicide

THE PROBLEM

Mental disorders are among the most common cause of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to the National Institute of Mental Health (NIMH), in any given year, an estimated 13 million American adults (approximately 1 in 17) have a seriously debilitating mental illness.

Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25 percent of all years of life lost to disability and premature mortality. Moreover, suicide is the 11th leading cause of death in the United States, accounting for the deaths of approximately 30,000 Americans, and 299 Idahoans each year.

Mental health and physical health are closely connected. Mental health plays a major role in a person's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect a person's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

From Healthy People 2020, www.healthypeople.gov

IDAHO SUICIDE RATE BY COUNTY 2013

(Resident suicides per 100,000 people)

County	Number	Rate
Blaine	6	28.1
Camas	-	-
Cassia	6	25.7
Gooding	1	6.6
Jerome	4	17.8
Lincoln	1	18.8
Minidoka	3	14.8
Twin Falls	20	25.0
		mean = 19.5/100,000

FACTS

Idaho is consistently among the states with the highest suicide rates. As of 2013 Idaho had the 8th highest suicide rate in the nation.

In the past five years, 1,488 Idaho residents died by suicide. The number of deaths ranged from a low of 284 deaths in 2011 to a high of 308 in 2013.

Suicide was the cause of death for 1,173 males and 315 females from 2009 to 2013.

The group with the highest number of deaths in Idaho was men and women age 45 to 54.

Of the 1,421 deaths from 2008 to 2013, 333 (23.5%) were people who had served in the U.S. Armed Forces.

Idaho Vital Statistics Suicide Report August 2014

15.8% of Idaho youth attending traditional high schools reported seriously considering suicide in 2013. 7.0% reported making at least one attempt.

It is estimated that suicide attempts in Idaho result in \$36 million in costs annually. Idaho's costs for suicide completions annually is over \$850,000 in medical care alone, and \$343 million in total lifetime productivity lost. (Idaho Suicide Prevention Hotline Report, Idaho State University IRH, 2010)

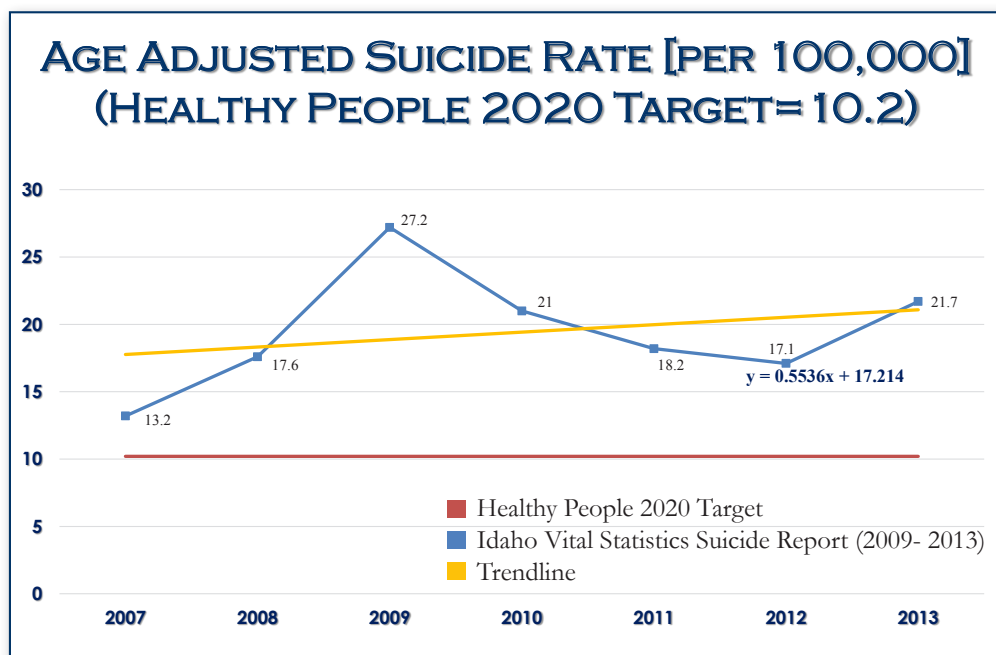
SPAN Idaho October 2013

PRIORITY AREA 4: Suicide

EMERGING ISSUES IN MENTAL HEALTH AND MENTAL DISORDERS

New mental health issues have emerged among some special populations, such as:

- Veterans who have experienced physical and mental trauma
- People in communities with large-scale psychological trauma caused by natural disasters
- Older adults, as the understanding and treatment of dementia and mood disorders continues to improve



As the Federal Government begins to implement the health reform legislation, it will give attention to providing services for individuals with mental illness and substance use disorders, including new opportunities for access to and coverage for treatment and prevention services. (From *Healthy People 2020*)

GOAL

Help reduce the suicide rates in SCPHD by working with established key partners through promotion and collaboration to improve the mental health and emotional well-being of district residents.

STRATEGIES

Participate in promoting the Suicide Prevention Action Network (SPAN).

Participate in promoting the Idaho Suicide Hotline.

Collaborate with the Regional Behavior Health Board to address mental health issues in the community.

MEASURES

By 2019, help to decrease the age adjusted suicide rate in SCPHD from 21.7 per 100,000 to 20.6 per 100,000.

Number of meetings attended and initiatives participated.

KEY PARTNERS

County Elected Officials
Hospitals/Accountable Care Organizations

Juvenile Corrections
Mental Health Providers
Regional Behavioral Health Boards
Region V Health & Welfare

Schools Districts
Sheriffs/Law Enforcement
Community Health Centers

SCPHD Offices



Twin Falls (Main Office)

1020 Washington St N
Twin Falls, ID 83301
(208) 737-5900
Fax: (208) 734-9502



Bellevue Office

117 East Ash Street
Bellevue, ID 83313
(208) 788-4335
Fax: (208) 788-0098



Gooding Office

255 North Canyon Drive
Gooding, ID 83330
(208) 934-4477
Fax: (208) 934-8558



Jerome Office

951 East Avenue H
Jerome, ID 83338
(208) 324-8838
Fax: (208) 324-9554



Mini-Cassia Office

2311 Park Ave., Unit 4, Ste. 4
Burley, ID 83318
(208) 678-8221
Fax: (208) 678-7465



Rupert Clinic

Minidoka Memorial Hospital
1224 8th Street
Rupert, ID 83350
(208) 436-7185



Shoshone Clinic

Christ Episcopal Church
104 West B Street
Shoshone, ID 83352
(208) 934-4477

Behavior Risk Factor Surveillance System (BRFSS)

www.healthandwelfare.idaho.gov/Health/VitalRecordsandHealthStatistics/HealthStatistics/BehavioralRiskFactorSurveillanceSystem/tabid/913/Default.aspx

Idaho Vital Statistics

www.healthandwelfare.idaho.gov/Health/VitalRecordsandHealthStatistics/HealthStatistics/VitalStatistics/tabid/914/Default.aspx

Pregnancy Risk Assessment Tracking System

www.healthandwelfare.idaho.gov/Health/VitalRecordsandHealthStatistics/HealthStatistics/PregnancyRiskAssessmentTrackingSystem/tabid/915/Default.aspx

Idaho Health Statistics Fact Sheets and Reports

www.healthandwelfare.idaho.gov/Health/VitalRecordsandHealthStatistics/HealthStatistics/FactSheetsandReports/tabid/916/Default.aspx

Healthy People 2020

www.healthypeople.gov/2020/default.aspx

Centers for Disease Control and Prevention Winnable Battles

www.cdc.gov/winnablebattles/

Centers for Disease Control and Prevention Teen Pregnancy Prevention 2010–2015

www.cdc.gov/teenpregnancy/preventteenpreg.htm

County Health Rankings and Roadmaps - 2014 Rankings - Idaho

<http://www.countyhealthrankings.org/app/idaho/2014/overview>

South Central Public Health District Community Health Assessment

www.phd5.idaho.gov/Docs/Agency/CHA-2014.pdf

St. Luke's Magic Valley Regional Medical Center Community Health Needs Assessment

www.stlukesonline.org/about_us/chna.php

St. Luke's Wood River Community Health Needs Assessment

www.stlukesonline.org/about_us/chna.php

Intermountain Cassia Regional Medical Center Community Health Needs Assessment

intermountainhealthcare.org/about/Documents/chna2013_cassiaregional.pdf

Suicide Prevention Action Network of Idaho

www.spanidaho.org/

Cancer Data Registry of Idaho

www.idcancer.org/

SCPHD Mission, Vision, and Values

Mission

TO PREVENT disease;
TO PROMOTE healthy lifestyles; and
TO PROTECT and **PREPARE** the public against health threats.









Vision

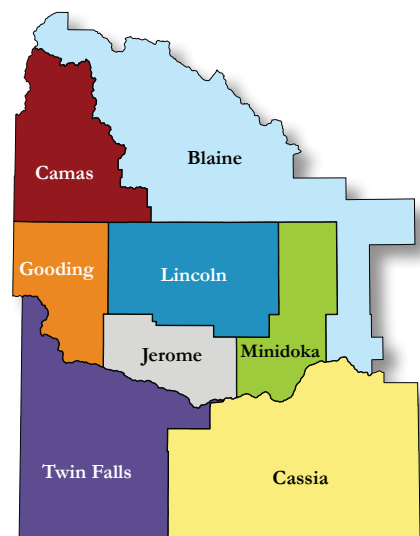
Healthy and Prepared People in Our Communities.

Values

- **Accountability** - We are accountable for the efficient and effective use of resources.
- **Integrity** - We demonstrate honesty, consistency, and confidentiality.
- **Client-Focused** - We provide information to the public, to help them make informed choices (with dignity and respect).
- **Professionalism** - We demonstrate competence, reliability, and respect to the public.
- **Collaborative** - We promote partnerships and alliances with community members and agencies, to link public health needs and services.
- **Health** - We promote collaboration and alliances with community partners in order to link planning efforts for the inclusive public health needs of the community.
- **Excellence** - We seek to improve the quality of our services through ongoing evaluation and feedback.

Counties Served

	Blaine County		Jerome County
	Camas County		Lincoln County
	Cassia County		Minidoka County
	Gooding County		Twin Falls County





Linda F. Montgomery
Chair
Jerome County



Angenie McCleary
Vice-Chair
Blaine County
(Commissioner)



Tom Faulkner
Trustee
Gooding County
(Commissioner)



Pamela J. Jones, RN
Camas County



Robert Kunau
Cassia County
(Commissioner)



Charles Ritter
Lincoln County



Cheryl Juntunen, MS, RN
Minidoka County



Terry Kramer
Twin Falls County
(Commissioner)



Peter Curran, MD
Medical Consultant



Rene LeBlanc, MS, RS
District Health Director
Board Secretary



Public Health
Prevent. Promote. Protect.

Idaho Public Health Districts